

CALIFORNIA 1960'S LEGACY LICENSE PLATE PRE-ORDER FORM

(Will be used as your actual order form.)
For more information visit www.dmv.ca.gov

DMV USE ONLY											
PRE-ORDER CASHIER LINE DATE AND SEQUENCE NUMBER											
PRE ORDER PAYMENT RETURNED	CUSTOMER CANCELED PRE-ORDER REFUND										
RESERVATION CASHIER LINE DATE AND SEQUENCE NUMBER											



FEE: \$50

	This image is for illustrative purposes only. The final design of the plate may differ.												
YOUR VEHICLE TYPE IS/WILL BE: Automobile Commercial Motorcycle Trailer													
SECTION 1 — PLATE REQUESTER INFORMATION PLATE OWNER													
☐ Same as PLATE C						(If different than plate requester, i.e. Gift)							
NAME (LAST, FIRST, MIDDLE INITIAL)							NAME (LAST, FIRST, MIDDLE INITIAL)						
STREET ADDRESS OR PO BOX							STREET ADDRESS OR PO BOX						
OUTV				0.74			10.0005	OIT) (07475	710.0005
CITY				STA	JE	Z	IP CODE	CITY				STATE	ZIP CODE
SECTION 2 — CONF	IGURA	TION	REQU	JES1	Ch.	eck a	appropria	ate box(es):				
☐ Sequential – Non-personalized, issued in number sequence						Sequential plates will be assigned to:							
(Will be assigned ar						•		CURRENT LICENSE PLATE # FULL VEHICLE IDENTIFICATION NUMBER (REQUIRED)					
 □ Personalized – 2 to 7 characters, including spaces. (7 characters can have an additional ½ space) □ Converting from existing personalized plate 								Check this box and complete section above to receive a set of sequential Legacy License Plates if your requested personal plate number is not available or acceptable. programming for the 1960 Legacy plate is implemented.					
								orogrami	ning for the 19			·	J.
HOW TO CENT	ER AND) SPA	CE C	ONF	IGUE	RATIO	ON				CHOIC		
	sh (/) ind								er and payment wi				
	isk (*) in								plate configuration to meet the requ			ne order will not	be counted as a
Do not substitute	etters for	r numb	ers or n	umbe	rs for	letters	3	pro order	to moot the roqu				
	8th t	box showr	n only to all	ow for s	pacing				First	8th b	ox snown only	to allow for spacing	
7 ¹ / ₂ DIGITS	G O	0	D /	Т	М	Ζ			Choice				
=		+ +		1_	_	,			Meaning				
7 DIGITS	VI	N	T A	G	Е	/			(REQUIRED):				-
6 DIGITS	/ N	I	FT	5	6	/			_	8th b	ox shown only	to allow for spacing	
5 DIOITO	* 6	114/	T 0	 	*				Second				
5 DIGITS	* S	W	T 6	5	"	/			Choice				
4 DIGITS	/ *	V	R U	М	*	/			Meaning (REQUIRED):				
2 DICITE	* *		0 V	*	*				(HEQUITED):				
3 DIGITS		J	0 Y	<u> </u>	<u> </u>				Third	8th box shown only to allow for spacing			
2 DIGITS	/ *	*	CA	*	*	/			Choice				
				•					Meaning (REQUIRED):				
NOTE: Due to the width of some characters, spacing requested may be reduced					*The De	partment of Moto	r Vehicles h	as the rig	ht to refuse an	y combination of			
or eliminated during the manufacturing process.				letters and/or letters and numbers that may carry connotations offensive to good									
					d decency, or which ies currently issue		misleadir	ng, or in conflict	with any license				
When ready for pick u	in vour	new r	person	alize	d pla	ates	must he a				ed vehic	le (cannot b	e on Planned
Non-Operation status). Énter i	the Di	MV Of	fice o	or Au	to Cl	ub Locat	ion (city) where your o	current lic	ense pl	ates and reg	istration card
will be exchanged for	your ne	w pla	ites:										
<u></u>		CLUE				ION:							
PAYMENT- Check, Money Order, or Cashier's Check ONLY.						PRE-ORDERS WILL NOT BE PROCESSED AT DMV OFFICES							
Payable to: DEPARTMENT OF MOTOR VEHICLES.							OR AUTO CLUBS						
REFUNDS - Your payment will be refunded if your desired personal plate configuration is not available.						Mail form WITH PAYMENT to:							
To cancel your PRE-ORDER, mail an Application for Refund					Department of Motor Vehicles								
(ADM 399) to the address shown on this form.					Legacy License Plates								
NO REFUND will be issued after the program begins and your plate							Customer Service/Operations Support, MS D405 PO Box 825393						
number reservation has been made.							Sacramento, CA 94232-5393						
SECTION 3 — SIGNA	ATURE	OF R	EQUF	STF	R				Cacrament	J, J, C, T J-12	-52 5550		
SIGNATURE	•	J. 10	_ ~ ~ _				DATE		DAYTIME TELEPHON	IE NUMBER	EMAIL ADD	PRESS (OPTIONAL)	
Y									()			,	